



A BRIEFING FOR HOUSING PROFESSIONALS

All children misbehave from time to time, but in a small minority behavioural problems become persistent and severe. These not only significantly affect a child's life chances but sometimes cause distress to others in local neighbourhoods. Behavioural problems which start before the age of eleven should always be taken seriously. Successful early intervention relies on early identification and swift action. Good quality parenting programmes make a real difference, but most children and families at risk don't get the early help they need.

Housing providers and Arm's Length Housing Management Organisations tell us that they are well placed to help parents link up with effective help before a child's problems become entrenched. This paper provides guidance on why this work is important and what you can do.

How many children are affected?

Behavioural problems which start early in childhood have a strong tendency to persist into adolescence and beyond and can be very damaging to a child's life chances. About 5% of children aged 5-10 display problems which are sufficiently severe to justify diagnosis as a mental health condition (conduct

disorder), while a further 15-20% have difficulties which fall short of this threshold but still carry an increased risk of poorer outcomes in later life. Conduct disorder is twice as common among boys as girls and is also more common among children from disadvantaged backgrounds.

Why are early starting behavioural problems important to housing?

Without early intervention, children with a history of serious behavioural problems are at increased risk both of poor life chances and of causing distress to others in their local communities. They are also at higher risk of later homelessness. Compared with peers, these children are also:

- **more likely to be registered for child abuse and neglect**
- more likely to be excluded from school and to leave school without any educational qualifications
- **more likely to be involved in vandalism, graffiti and violence**
- **three times more likely to be perpetrators or victims of domestic violence**

- four times more likely to become dependent on drugs
- more likely to become teenage parents
- more likely to experience every type of adult mental illness
- **around 20 times as likely to end up in prison.**

They cost the public purse ten times more by the age of 28; most of these costs result from anti social behaviour and later costs of crime.

For details, see our report that accompanies these briefings, *Building a Better Future*. **Get the report at:** <http://www.centreformentalhealth.org.uk/parenting>

“Enforcement [of antisocial behaviour] is useful but it can only do so much and all you're really doing is dealing with a crisis... whereas by supporting children [early on] you're stopping it from occurring, maybe stopping the younger brothers and sisters being your next case two years down the line.” (Housing worker)

Identifying high risk families and children

A wide range of risk factors increase the chance of a child developing severe early behavioural problems. The more risks a child is exposed to, the greater the risk of deterioration in behaviour and outcomes. Risks include having a parent with substance misuse, mental health or behavioural problems, being the child of a teenage parent, being exposed to harsh parenting or abuse, and economic deprivation. On the other hand, positive parenting techniques protect children from developing severe behavioural problems.

Housing workers may encounter families with high or multiple risks which affect their children's behaviour, wellbeing and life chances. Housing workers told us that tenancy induction meetings often provided important opportunities to identify parents who might be under stress or need support. Early intervention often helped to stabilise tenancies.

The signs of severe behavioural problems vary according to age but are generally as follows:

3 to 7 years: persistent defiance, angry outbursts and tantrums, provoking others, physical aggression to siblings/peers, destruction of property, blaming.

8 to 11 years: many of the above but also swearing, lying, stealing, rule-breaking, physical fights, bullying, cruelty to animals or peers, fire-setting.

12 to 17 years: many of the above but also assault/violence, robbery, vandalism, burglary, running away, driving under age, substance misuse, persistent truanting, early sexual activity (particularly for girls), teenage pregnancy.

Parenting programmes work best when targeted towards children with the greatest needs. The Strengths and Difficulties Questionnaire (SDQ) is generally completed by parents or teachers, is easy-to-use (with an online version which feeds back results to parents) and can help establish whether a child's behaviour falls outside developmental norms. It is recommended for routine screening, and can be useful when negotiating access to support in the community. It is reliable from 3-16 years of age. Children aged 11-16 can complete it themselves. **The SDQ tool can be found here: <http://www.sdqinfo.com>.**

What can be done?

For most children under 11, simple low-cost parenting programmes such as Triple P, Incredible Years and Strengthening Families, Strengthening Communities are proven to result in a range of improvements in behaviour. These programmes also reduce family stress and improve parents' mental health.

The NICE guidance on conduct disorder is here: <http://guidance.nice.org.uk/CG158>

Housing workers who commission parenting programmes explain that they often use simple parenting programmes to promote community cohesion on local estates; they also saw dividends through reduced antisocial behaviour, vandalism

and graffiti as a result of their investment in these programmes as well as more stable tenancies.

Parenting programmes are usually delivered in a group and run for between 8 and 20 sessions. Groups are led by trained facilitators and are highly interactive, collaborative and non-judgemental. They improve children's behaviour by helping parents to pick up practical techniques such as positive parenting and to improve their relationship with their child.

For more information on parenting programmes, see: <http://www.triplep.net> and <http://incredibleyears.com>

Peabody – how parenting programmes link with housing

Peabody, one of London's oldest and largest housing associations, provides a number of community programmes for residents and neighbours including Strengthening Families, Strengthening Communities. The programme is intended for parents, guardians and carers of children aged 3-18 to increase confidence and skills in parenting. It helps to answer these important parenting questions:

- How can I motivate my child to try their best at school?
- How do I build a better relationship with my child?
- How do I stop my teenager getting involved in drinking, drugs, anti-social behaviour or truanting?
- How do I encourage my partner to participate in my child's life?
- How do I put boundaries in place with my child?
- What youth and parent services are available in my community?

Troubled Families interventions

The Troubled Families programme is an intensive intervention planning to extend to around 400,000 families and children with the most complex needs. It aims to support closer multi-sector working, intervening with families before children's behaviour and family difficulties spiral out of control. It provides more intensive support to help children and families with the highest needs sustain progress.

The programme works by assigning a dedicated worker to engage with the whole family on all of its problems. Interventions include helping parents stabilise tenancies, providing evidence-based parenting support as well as practical help (e.g. ensuring that children attend school; helping families meet their responsibilities and needs).

Families with older children

Some children with behavioural problems get missed early on, while others develop problems for the first time as teenagers. A number of interventions, such as Multi-Systemic Therapy and Functional Family Therapy, have a good record of turning around problematic behaviour during teenage years. These programmes are delivered by highly trained therapists and tend

to be more costly and resource intensive in the short term, working for up to six months with families, often focusing on other systems impacting on these children's lives (e.g. school, peers). They have a good record of savings costs in the longer terms across a range of budgets but particularly crime.

Engaging and motivating parents

Parents of children with behavioural problems can often feel confused, embarrassed or defensive. Using the right language is critical to promote take-up of parenting support. Key messages which improve parents' chances of taking up any help offered include:

- Focusing on the many benefits for their child (and for family stress levels) if they attend a programme rather than on the problematic behaviour.
- Stressing that every child is different; some are more challenging to parent than others. Children don't come with a manual and everyone can pick up useful tips that make life easier. Simple 'positive parenting' techniques can make a real difference.

- Emphasising the practical and supportive feel of a parenting group. Parents value not being judged and being given common sense practical tips and strategies. They also value a better understanding of their child's behaviour and how to manage it. These programmes have been shown to really improve parents' wellbeing, as well as broader family stress. Offering parents practical help, such as crèches, is known to help attendance.

It might be useful to show parents this video so that they can get a better sense of the feel of the group. It was made by parents for parents. **You can see the video at:** <http://youtu.be/1K8eXup19TM>

Referral to parenting programmes

Parenting programmes may be provided by a variety of agencies and funded from a variety of budgets. Some parenting programmes are provided by local authority parenting teams, some by Improving Access to Psychological Therapies teams, some by schools and some are commissioned directly by Arms Lengths Housing Management Organisations.

These questions may help housing staff to assess what is available locally:

Do we have a central gateway for all child and family referrals? Some areas have established a central gateway for all referrals for vulnerable children and their families. This simplifies the process and it is important to ensure that parents know how to refer themselves using it.

Does our area have a local coordinator of parenting or family work? Most do; but they are not always easy to track down. This strategic lead is usually located in children's services and plans and coordinates what is available. It may be useful to link up and get a copy of this parenting or family plan.

What happens if programmes are not available in your local area? Inadequate availability of these parenting programmes is a major commissioning gap. Evidence of any mismatch between local need and provision should be brought to the attention of your local health and wellbeing board. Data collected from the SDQ can provide good quality evidence of the scale of mental health need among children in your area and should feed into joint strategic needs assessments.

Case study

The housing worker reflects that it must be difficult settling into a new area and supporting her family on her own.

Her eldest son appears a handful and is aggressive with his siblings, throwing toys, playing up and swearing at her during the visit.

He talks to her about their local parent support group at the children's centre which other parents have found useful as a way of getting to know others on the estate.

The housing worker attends for a routine visit. Maia appears under stress; she has no family locally and knows no-one on the estate.

MAIA



Maia has recently moved into a local housing estate from another area.

He mentions that the group also has a crèche and provides parents with practical tips and strategies to help children improve their behaviour at home and in school.

Her partner is in prison and she is on her own with three children under six.

He provides a flyer for an introductory coffee morning and asks if he can pass her contact details on to another parent who can tell her more.

The Housing Officer made a general comment that since parenting groups began on the estate, incidents of vandalism, anti-social behaviour and graffiti have noticeably reduced resulting in reduced estate management costs.

Her son is much happier and has settled into his new local school.

Two months later she sees the Housing Officer and tells him that the group was the 'best thing that happened to her' helping her settle in and making a real difference to her children's behaviour and her confidence.

Maia is reluctant to attend the coffee morning but agrees to a visit from the local parent. After discussions with the parent mentor, she agrees to attend the group.

January 2014

More briefings, the video and the accompanying reports on parenting programmes are all available at www.centreformentalhealth.org.uk/parenting

134-138 Borough High Street, London SE1 1LB

020 7827 8300

Charity registration no. 1091156. A company limited by guarantee registered in England and Wales no. 437309.